

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	NAD	100080	7/19/00

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	1	1	6/30/00
2	2	2	6/30/00
3	3	3	6/30/00
4	4	4	6/30/00
5	5	5	6/30/00
6	6	6	6/30/00
7	7	7	6/30/00
8	8	8	6/30/00
9	9	9	6/30/00
10	10	10	6/30/00
11	11	11	6/30/00
12	12	12	6/30/00
13	13	13	6/30/00
14	14	14	6/30/00
15	15	15	6/30/00
16	16	16	6/30/00
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41	41	41	6/30/00
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46	46	46	6/30/00
47	47	47	6/30/00
48	48	48	6/30/00
49	49	49	6/30/00
50	50	50	6/30/00

Claim	Final	Original	Date
51	51	51	6/30/00
52	52	52	6/30/00
53	53	53	6/30/00
54	54	54	6/30/00
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74	74	74	6/30/00
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76	76	76	6/30/00
77	77	77	6/30/00
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91	91	91	6/30/00
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93	93	93	6/30/00
94	94	94	6/30/00
95	95	95	6/30/00
96	96	96	6/30/00
97	97	97	6/30/00
98	98	98	6/30/00
99	99	99	6/30/00
100	100	100	6/30/00

Claim	Final	Original	Date
110	110	110	6/30/00
111	111	111	6/30/00
112	112	112	6/30/00
113	113	113	6/30/00
114	114	114	6/30/00
115	115	115	6/30/00
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123	123	123	6/30/00
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143	143	143	6/30/00
144	144	144	6/30/00
145	145	145	6/30/00
146	146	146	6/30/00
147	147	147	6/30/00
148	148	148	6/30/00
149	149	149	6/30/00
150	150	150	6/30/00

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)